



## DERM COMMERCIAL SUBMITTAL CHECKLIST

DERM OFFICE OF PLAN REVIEW SERVICES, 11805 SW 26 Street, #124, 786-315-2800  
DERM PLAN REVIEW, 33 SW 2<sup>nd</sup> Avenue, 1<sup>st</sup> Floor, 305-372-6500

THIS CHECKLIST IS FOR THE PROCESSING OF ANY COMMERCIAL, INDUSTRIAL, OR MULTI-UNIT, FOUR (4) OR MORE, RESIDENTIAL PROJECTS THROUGH DERM.

PROJECT NAME: \_\_\_\_\_  
PROJECT ADDRESS: \_\_\_\_\_ Suite #: \_\_\_\_\_  
**Property Folio Number:** \_\_\_\_\_

Please verify that all documents submitted (plans, applications, surveys, etc.) show the same project address and information.

### Instructions for using this form:

- 1) **This form gives a general list of items required for approval of a Building Permit by DERM. Please be aware this is a general list not all items apply to all projects.**
- 2) **Items have been listed under a broad category with various more specific required items listed under those categories. Please check the boxes for those general headings that apply for your project, and then check off the items you have provided.**
- 3) **All items are shown with either a white check-off box or a shaded check-off box. Items, be it a broad category or a specific item, with a white box are required when applicable. *Those items with a shaded box are absolutely required.* Any specific item with a shaded box, which is listed under a broad category with a white box, is only required if the broad category applies.**
- 4) **This list is formatted to be submitted as a statement or affirmation regarding the items listed. This checklist is required to be signed.**

**Current Property Survey/Site Plan; Shows all lot dimensions including elevations**

**FLOOD PLAIN:** Site Plan showing the following elevations; See Sheet(s); \_\_\_\_\_

☐ Highest Crown of the Road

☐ Lowest floor; (Including Basements/Sunken Areas)

☐ Lowest Catch Basin

☐ Lowest Adjacent grade. (Grade immediately adjacent to proposed structure)

☐ Flood Legend and flood notes included on Site Plan.

☐ **PROPERTY CONTAINS MORE THAN 2 ACRES OF IMPERVIOUS AREA,** Provide a copy of the DERM Environmental Resource Permit (ERP)/ SFWMD Surface Water Management Permit. CONTACT: DERM WATER CONTROL SECTION, 33 SW 2<sup>nd</sup> AVE, 2<sup>nd</sup> FLOOR, 305-372-6681

**REQUIRED FOR NEW CONSTRUCTION, ADDITIONS, AND MAJOR REMODELINGS (i.e. Cost of Work >50% value of building)**  
**NOT REQUIRED FOR PROJECTS WITHIN A MUNICIPALITY**

**Property is served or is to be served by a Public Water Supply.**

☐ There is existing water service to this property, Water Account # \_\_\_\_\_

☐ *FOR NEW/ADDITIONAL SERVICE or CHANGE OF USE,* Provide Water Verification Form from the corresponding utility company.

☐ A Public Water Main extension is required for this project. Provide a copy of The Department of Health Water Extension Approval or provide the recorded copies of the executed service agreement and a recorded estoppel letter for a conditional approval..

**Property is served or is to be served by a Sanitary Sewers.**

☐ There is existing sewer service to this property, Sewer Account # \_\_\_\_\_

☐ *FOR NEW/ADDITIONAL SERVICE or CHANGE OF USE,* Provided Sewer Verification Form from the corresponding utility company, **and** Sewer Capacity Certification/Allocation Letter.

☐ A sanitary sewer main extension is required for this project. The DERM Sewer Extension Approval is **SE#** \_\_\_\_\_, or provide the recorded copies of the executed service agreement and a recorded estoppel letter for a conditional approval.

**Property is served or is to be served by a Septic Tank/Drainfield.**

☐ Project was previous approved by DERM for the use of a Septic Tank, See the attached approval letter,i.e. EQCB, MDR, or Letter of Interpretation.

☐ This a transfer or remodeling, there is no change from the previously approved use on this property

☐ There is a Restrictive Land Use Covenant on file (Attach Copy)

☐ A properly completed Restrictive Land Use Covenant and all the required recording fees are attached.

**FOR PROJECTS SERVED BY A MUNICIPAL WATER/SEWER UTILITY:**

In conjunction to the Water and/or Sewer Verification Form from the utility company serving the property, a Resolution Letter from Miami-Dade Water and Sewer Department must also be provided. *CONTACT: MDWASD NEW BUSINESS OFFICE*

CONTINUED ON PAGE 3

PAGE 2 DERM COMMERCIAL SUBMITTAL CHECK LIST

**FOR THE REMAINING ITEMS LISTED MARK ONLY THE PORTIONS THAT APPLY TO THIS SPECIFIC PERMIT APPLICATION**

<input type="checkbox"/>	<b>INTERIOR RENOVATIONS/ DEMOLITIONS;</b> Signed and sealed Asbestos Survey required, or plans clearly show that the total amount of material being disturbed is less than 160ft <sup>2</sup> and an Asbestos Affidavit signed by the owner, lessee, or authorized representative is attached.
<input type="checkbox"/>	<b>DEMOLITION OF ANY STRUCTURES/LOAD BEARING WALLS;</b> Signed and sealed Asbestos Survey required, along with a completed Demolition Notification Form.

<input type="checkbox"/>	<b>PAVING &amp; DRAINAGE:</b> Includes the required 5 sets of plans (2 Sets for Building Permit + 3 Sets for Public Works), Percolation Test Data (2 SETS), Drainage Calculations (2 SETS). <input type="checkbox"/> Proposing more than 2 acres of impervious area, Provide a copy of the DERM Environmental Resource Permit (ERP)/ SFWMD Surface Water Management Permit.
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<input type="checkbox"/>	<b>INDUSTRIAL FACILITIES.</b> <i>Any property, site, or location where the proposed use will entail the use, handling, storage, or generation of an Industrial/Hazardous material or Waste (e.g. Manufacturing Operations, Repair Shops, Laboratories, Medical/Dental Offices with x-rays and/or lab, Photo labs, etc.).</i>																
<input type="checkbox"/>	<b>Engineering Report/ Process Description.</b> Provide any supporting calculations, include the following; <table border="0"><tr><td><input type="checkbox"/></td><td>What is the use of the facility?</td></tr><tr><td><input type="checkbox"/></td><td>What processes are being implemented and used?</td></tr><tr><td><input type="checkbox"/></td><td>What types of materials are being used? i.e. fuels, oils, solvents, etc.</td></tr><tr><td><input type="checkbox"/></td><td>How are these materials being handled and stored?</td></tr><tr><td><input type="checkbox"/></td><td>What Spill Containment and Control measures are being implemented?</td></tr><tr><td><input type="checkbox"/></td><td>Does the operation create a liquid waste, if so how is it disposed of?</td></tr><tr><td><input type="checkbox"/></td><td>Is there any type of Wastewater treatment (i.e. Oil/Water Separator, Silver Recovery, Pre-treatment, etc.)?</td></tr><tr><td><input type="checkbox"/></td><td>How is equipment cleaned and maintained, and does that create a waste product?</td></tr></table>	<input type="checkbox"/>	What is the use of the facility?	<input type="checkbox"/>	What processes are being implemented and used?	<input type="checkbox"/>	What types of materials are being used? i.e. fuels, oils, solvents, etc.	<input type="checkbox"/>	How are these materials being handled and stored?	<input type="checkbox"/>	What Spill Containment and Control measures are being implemented?	<input type="checkbox"/>	Does the operation create a liquid waste, if so how is it disposed of?	<input type="checkbox"/>	Is there any type of Wastewater treatment (i.e. Oil/Water Separator, Silver Recovery, Pre-treatment, etc.)?	<input type="checkbox"/>	How is equipment cleaned and maintained, and does that create a waste product?
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<input type="checkbox"/>	<b>Equipment Specifications.</b> Provide all manufacturer information and details for all proposed equipment.																
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<b>PROVIDE A 3<sup>d</sup> Set of Plans for DERM's Records</b>																	

☐ **STORAGE TANKS.** Any tank system for the storage and dispensing of any hazardous materials (e.g. Underground Storage Tanks (UST), Aboveground Ground Storage Tanks (AST), etc.). **Plan must specify if tanks are single-walled with secondary containment or doubled-walled.**

☐ **A Detailed Scope of Work.** Provide for a clear understanding of what is being done.

☐ **Site Plan showing the following;** **See Sheet(s);** \_\_\_\_\_

☐ Tank(s), Piping (including sloping), Sump(s), Vent Riser(s), Vapor Line Manifolds, leak detection, overspill protection, overfill prevention, and Monitoring Well Layout, etc.

☐ **PLANS MUST INDICATE ALL EQUIPMENT/COMPONENTS ARE FDEP APPROVED,** include the FDEP EQ# Approval Numbers

☐ For USTs, Plans must signed by a Pollutant System Specialist Contractor

☐ For gasoline fueling systems, Stage II Recovery System must show the California Resources Board (CARB) Order Number along with the equipment details and specifications.

☐ For ASTs, greater than 550 Gallons, containing a regulated substance provide a FDEP Registration Form

☐ For ASTs greater than 550 Gallons, must provide a Spill Prevention and Recovery Plan signed by the Responsible Party.

☐ **All Fueling Areas must be provided with an impervious fueling pad.**

***PROVIDE a 3<sup>rd</sup> and 4<sup>th</sup> Set of Plans for DERM's Records***

I have reviewed the plans and materials being submitted and hereby affirm that the all the items checked off on this list are accurate and have been provided. I acknowledge that if any of the information that I have indicated is not submitted along with this checklist attached to my building permit plans, I may be subject to additional reviews and fees.

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_  
Owner, Design Professional (Engineer/Architect) or Authorized Person.

Sign and Date